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## **Introduction**

The Auxiliary Grant Program (AG) is a financial assistance program that provides supplemental income to low income individuals who are aged, blind, or disabled and reside in assisted living facilities (ALF) or adult foster care homes (AFCH). To be eligible for this program, individuals must meet the eligibility requirements specified in this manual. The AG payment is a money payment that is issued directly to the eligible individual.

### **1. Background**

Virginia's AG program is an out growth of the federally mandated State SSI Supplementation Program that began when SSI was implemented to replace Old Age Assistance (OAA), Aid to the Permanently and Totally Disabled (APTD), and Aid to the Blind (AB) Programs that had existed under Titles I, X, and XIV of the Social Security Act. Those benefits were paid at a higher rate than was to be paid under SSI, meaning that individuals who were transferred from them to SSI would have received a cut in benefits. To prevent this, the Mandatory State SSI Supplementation Program began.

States were required to develop a program that would supplement the SSI payments of those who would have been negatively impacted or the states would lose Medicaid funding. Virginia's response was to establish the AG program. AG initially covered only those that were mandated to be covered SSI recipients. It was later expanded to include individuals who were ineligible for SSI due to excess income but who met all other SSI eligibility requirements.

#### **1.1. Legal Base**

1. In 1972 Public Law 92-603 abolished the Old Age Assistance (OAA), Aid to the Permanently and Totally Disabled (APTD), and Aid to the Blind (AB) Programs that had existed under Titles I, X, and XIV of the Social Security Acts and established the Supplemental Security Income (SSI) Program under Title XVI. The SSI program was implemented in 1974.
2. A later amendment to Title XVI required that the individual income of aged, blind, or disabled persons be maintained at December 1973 levels. Section 212 of PL 93-66 addressed the loss of Medicaid funds. These cases were called "mandatory supplementation cases". States were given the option of having their supplementation program administered by the federal government or administering their own program. Virginia opted for self administration.
3. In 1973, the Virginia General Assembly passed legislation permitting the Departments of Social Services and the Visually Handicapped to establish an Auxiliary Grants (AG) Program (*Code of Virginia*, Section 63.1-25.1).

4. The Virginia Department of Social Services' State Board and the Department for the Visually Handicapped expanded the Auxiliary Grants Program in July 1974 to include (no later than November 1, 1974) aged, blind, or disabled persons in assisted living facilities who had insufficient funds to meet their needs as established by the State Board. This part of the program was called "optional supplementation" to distinguish these cases from the December 1973 cases.
  - It is no longer necessary to distinguish mandatory supplementation cases from optional ones as Virginia has increased its supplemental payments to a level that exceeds the mandated level.
5. In 1984, the Virginia General Assembly passed legislation which gave the Department of Social Services sole responsibility for operating the program.
6. Effective October 1, 2002, the Virginia General Assembly passed legislation repealing the *Code of Virginia*, Section 63.1-25.1 and replaced it with Section 63.2-800.
7. *In 2012, the Virginia General Assembly passed legislation repealing the Code of Virginia, Section 63.2-800 and replacing it with Section 51.5-160 which gave the Department for Aging and Rehabilitative Services administrative authority to operate the program.*

## 2. **Funding**

The AG program is funded by a combination of state and local funds. State funds comprise 80% of the funds and local funds comprise the remaining 20%. State funds are authorized by the General Assembly and the local funds are authorized by the governing body of each locality.

## 3. **Applicable Policy**

This manual addresses the eligibility requirements and determination procedures. The procedures differ for the two groups that are potentially eligible for AG, SSI recipients and non-SSI individuals. SSI recipients are those who receive an SSI money payment. Non-SSI individuals are those who are ineligible for SSI due to excess income. The primary differences are in the income and resource eligibility requirements.

To address those differences, separate income and resource chapters were developed. The titles of the chapters are the key to which the chapters apply. If the title includes SSI Recipient in the title it applies only to SSI recipients, i.e. Chapter D - SSI Recipients' Eligibility. If the title includes Non-SSI, it applies only to those individuals who do not

receive SSI, i.e. Chapter E - Non-SSI Resource Eligibility. If the title does not include either of those phrases it applies to both groups.

#### **4. Eligibility Rules**

As a federally mandated program established to supplement the SSI program, the AG program is required to use SSI policy to determine eligibility. Some variations do exist as state law can establish additional eligibility requirements. Virginia law has established some variances in both non-financial and financial eligibility criteria but most of the eligibility rules are the same as SSI's.

One of Virginia's variances limits AG eligibility to those individuals who reside in an adult living facility (ALF) or an adult foster care home (AFCH).

#### **5. Eligibility Process**

Determining eligibility for AG is a multiple step process. The following chart summarizes those steps. Detailed information is given in the subsequent chapters of this manual.

<b>STEPS</b>	<b>ELIGIBILITY DETERMINATION ACTIONS</b>
<b>Step 1</b>	<p><u>Chapter B - 1.3</u> A written application document is received.</p> <p>Is the application signed?</p> <p>Yes – Pend the application in Med Pend. Continue</p> <p>No – The application is invalid. Return the application to the applicant. Stop. Review Medicaid eligibility.</p>
<b>Step 2</b>	<p><u>Chapter B – 7.3</u> Review the application and issue a written request for required verifications. Continue</p>
<b>Step 3</b>	<p>Evaluate the verifications that were provided.</p> <p>Did the individual provide all required non-financial and financial verifications?</p> <p>Yes – Continue</p> <p>No – Deny the application and send the individual a Notice of</p>

STEPS	ELIGIBILITY DETERMINATION ACTIONS
	Action. Stop. Review Medicaid eligibility.
<b>Step 4</b>	<p><u>Chapter C</u> Evaluate individual's non-financial eligibility.</p> <p>Did the individual meet all non-financial eligibility criteria?</p> <p>Yes – The individual is eligible non-financially. Continue</p> <p>No – Deny the application and send the individual a Notice of Action. Update the case status in Med Pend. Stop. Review Medicaid eligibility.</p>
<b>Step 5</b>	<p><u>Chapter D</u> Is the individual an SSI recipient?</p> <p>Yes – The individual is income and resource eligible. Determine his/her grant amount. Go to Step 9.</p> <p>No – Continue</p>
<b>Step 6</b>	<p><u>Chapter G</u> Evaluate any resource transfers the individual made from 36 months prior to the date of application through the processing date.</p> <p>Did the individual make any resource transfers during this period that impacts his current eligibility?</p> <p>Yes – Compute the period of ineligibility and notify the individual of it. Deny the application and send the individual a Notice of Action and a Transfer of Resources Notice. Update the case status in Med Pend. Stop. Review Medicaid eligibility.</p> <p>No – Continue</p>

STEPS	ELIGIBILITY DETERMINATION ACTIONS
<b>Step 7</b>	<p><u>Chapter E</u> Evaluate the non-SSI individual's resource eligibility.</p> <p>A. Determine the individual's net countable resources.</p> <ul style="list-style-type: none"> <li>• Determine the value of each resource.</li> <li>• Subtract the appropriate resource exclusion from the full value of the resource. The result is the resource's net countable value.</li> <li>• Total the net countable values. The result is the individual's total net countable resource value.</li> </ul> <p>B. Is the total net countable resource value equal to or less than the regular resource limit (\$2000)? <span style="float: right;">Chapter E - 5</span></p> <p>Yes – The individual is resource eligible. Go to Step 9.</p> <p>No – The individual is ineligible for regular AG due to excess resources. Continue.</p>
<b>Step 8</b>	<p><u>Chapter F</u> Evaluate the individual's potential eligibility for Conditional Benefits.</p> <p>A. Divide the individual's resources into two classifications, liquid and non-liquid.</p> <ul style="list-style-type: none"> <li>• Total the value of the non-liquid resources and</li> <li>• Total the value of the liquid resources.</li> </ul> <p>B. Is the total net countable value of the individual's non-liquid resources greater than the regular resource limit (\$2000)?</p> <p>Yes - Continue <span style="float: right;">Chapter E - 5</span></p> <p>No - Deny application due to excess resources and send a Notice of Action. Update the case status in Med Pend. Stop. Review Medicaid eligibility.</p>

STEPS	ELIGIBILITY DETERMINATION ACTIONS
	<p>C. Is the total net countable value of the individual's liquid resources equal to or less than the current AG resource limit. Yes – Continue.</p> <p>No – Deny application due to excess resources and send a Notice of Action. Update the case status in Med Pend. Stop. Review Medicaid eligibility.</p>
<b>Step 9</b>	<p><u>Chapters H &amp; I</u> Evaluate the individual's income.</p> <p>A. Determine the individual's net countable unearned income.</p> <ul style="list-style-type: none"> <li>• Total the individual's gross unearned income.</li> <li>• Subtract all appropriate income exclusions.</li> <li>• The result is the individual's net countable unearned income.</li> </ul> <p>B. Determine the individual's total net countable earned income.</p> <ul style="list-style-type: none"> <li>• Total the individual's gross earned income.</li> <li>• Subtract all appropriate income exclusions.</li> <li>• The result is the individual's total net countable earned income.</li> </ul> <p>C. Add the individual's total net countable unearned income to the individual's total net countable earned income.</p> <ul style="list-style-type: none"> <li>• The result is the individual's total net countable income. Continue.</li> </ul>
<b>Step 10</b>	<u>Chapter J</u> Determine the non-SSI individual's income eligibility and

STEPS	ELIGIBILITY DETERMINATION ACTIONS
	<p>the amount of unmet need for both SSI and non-SSI recipients.</p> <p>A. Determine the appropriate ALF/AFCH rate.</p> <p>B. Add the Personal Needs Allowance. The result is the AG Limit.</p> <p>C. Subtract the individual's total net countable income.</p> <ul style="list-style-type: none"> <li>• The result is the individual's unmet need.</li> </ul> <p>Is the result equal to or greater than \$.01?</p> <p>Yes – The individual is income eligible and in need. Continue</p> <p>No – The individual is ineligible for AG. Deny the application and send a Notice of Action. Update the case status in Med Pend. Stop. Review Medicaid eligibility.</p>
<b>Step 11</b>	<p>Was the individual resource ineligible for regular AG and potentially eligible for Conditional Benefits? (Step 8)</p> <p>Yes - Did he/she sign the Agreement To Sell Property?</p> <p>Yes - He/she is eligible for Conditional Benefits. Continue</p> <p>No – He/she is ineligible for AG due to excess resources. Deny the application and send a Notice of Action. Update the case status in Med Pend.</p> <p>No – He/she is eligible for regular AG benefits. Continue.</p>
<b>Step 12</b>	<p><u>Chapter J</u> Determine the individual's grant amount.</p> <p>A. Round the individual's unmet need to the nearest dollar.</p> <ul style="list-style-type: none"> <li>• The rounded amount is the grant amount.</li> </ul> <p>B. Complete the documents necessary to issue the check.</p> <p>C. Approve the application and send a Notice of Action or the</p>



STEPS	ELIGIBILITY DETERMINATION ACTIONS
	Conditional Benefits Notice, as appropriate.
	D. Update case status in Med Pend and enroll the individual in MMIS.

## 6. **Payments/Reconciliation**

The AG payments are issued monthly at the beginning of the month for the month of issuance. The payment amounts are based on projected income and then are reconciled periodically thereafter. Reconciliation requires the recomputation of prior months' payment amounts using the actual income received in those months and correcting any over or underpayments. Reconciliation is required as AG is a means tested program.

## 7. **Computer Systems**

*VaCMS will be the system of record for Medicaid applications and to provide management reports. Workers will process Auxiliary Grant applications outside VaCMS system until LTC and ABD has fully migrated.* The MMIS system is the Medicaid enrollment system. Workers must enter approved cases and update the system as changes in residence, medical coverage, and eligibility occur.

## 8. **Forms**

Forms used for AG applications or eligibility determinations are located on SPARK at <http://spark.dss.virginia.gov/divisions/dgs/warehouse.cgi> or <http://spark.dss.virginia.gov/divisions/dfs/as/forms.cgi>.